

ASHA FOUNDATION BANGALORE



ANNUAL REPORT 2013-14

ASHA Foundation

Mailing Address: No.42, SBM Colony,
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Karnataka

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Statutory requirements and registrations

- ❖ Registered on 7.3.1998 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 1.5.1998 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 Organisation under DSIR, GoI from April 2014 to March 2017
- ❖ Accredited as member of Credibility Alliance for minimum norms for five years from 2014 to 2019.
Accrd. No- CA/02/2014
- ❖ 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, statue, 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	Vice President, ICCC	1407, Hennur main Road Bangalore 560084
2.	Mr. Vijay Chandy Member	B.Sc, PGDIR&W(XLRI)	Management Consultant	161,19 th main,1V Block Koramangala Bangalore-560095
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
4.	Dr. David Dass Member	B.Th, D.Min	Executive Director, IGL	No.7,MSH Colony 1 st Stage, Anand Nagar Bangalore-560024
5.	Dr.Alexander Thomas Member	D.Orth, MS Orth, M.Phil (HHSM) PGDML&E	Director &CEO Bangalore Baptist Hospital	Bangalore Baptist Hospital, Bellary Road. Hebbal Bangalore-560024
6.	Ms. Thangam Rangala Member	MBA,BA	Head of Administration Bangalore Baptist Hospital	Bangalore Baptist Hospital, Bellary Road. HebbalBangalore-560024
7.	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 2013 to March 2014. The following projects were continued during the financial year.

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

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

The project has completed thirteen years. Presently the **activities** under this project are

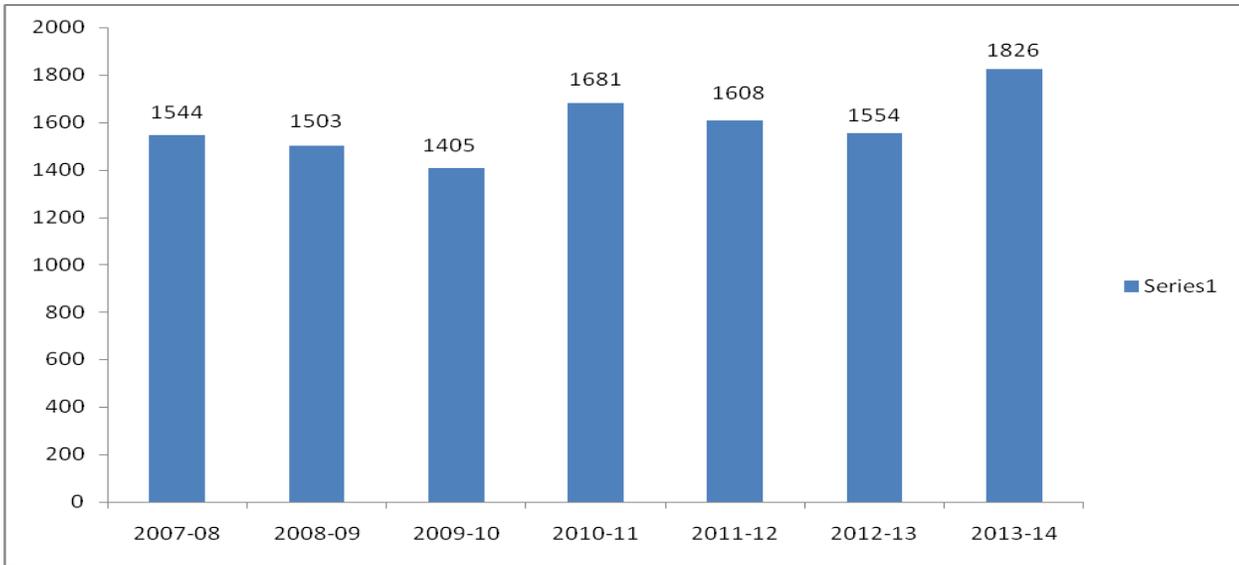
1. Telephone counseling
2. Face to Face counseling
3. E mail queries
4. Awareness programs with I -Volunteers
5. Training
6. Research

1.Telephone Counseling

The manual telephone counseling numbers are 23543333 and 23542222 and they function from 9am to 5 pm, Mondays to Fridays.

Item	No. of Calls
Number of calls received on 23542222 & 23543333 from April 2013-March 2014	1826
Cumulative total of calls since the year 2000	18,461

Graphical representation of calls received on telephone helpline



Queries for the year through email

Year	Number of queries
April 2013-March 2014	79
April 2012-March 2013	61
Cumulative total since 2008	361 queries

Awareness programs through the year with I-volunteers

Year	Number of programs
April 2013- March 2014	04
Cumulative total since March 2006	72

Sl No	Date	Topic	For whom	Venue	No. attended	Conducted by	Timings
1	21.09.2013	HIV/AIDS Awareness session	Construction workers	SYNERGY, Hebbal	350 +	Volunteers from iVolunteer and ASHA staff	9.30 am to 11.15 am
2	21.09.2013	HIV/AIDS Awareness session	Construction workers	HUAWEI, Whitefield	400	Volunteers from iVolunteer and ASHA staff	1.45 pm- 3.30pm
3	28.09.2013	HIV/AIDS Awareness session	Construction workers	PRISTINE Site, Iblur	200 +	Volunteers from iVolunteer and ASHA staff	9.30 am- 10.30 am
4	28.09.2013	HIV/AIDS Awareness session	Construction workers	LG Site, Kadubisinah alli	150+	Volunteers from iVolunteer and ASHA staff	1.00 pm- 2.15pm

Details of counseling sessions during the year

Type of counseling	April 2013-March 2014
Pre test counseling	110
Adherence counseling	99
Follow-up counseling	148
Family counseling	95
People refd. to other services	12
Total counseling sessions	464
No. of HIV tests done	93
No. of HIV tests Positive	31
No of HIV tests negative	63
Cumulative counseling sessions from 2000 to March 2014	7690

Display of ASHA Foundation Helpline poster at an Apollo Medical Store



Display of ASHA Foundation Helpline poster at a BMTC Bus Terminal



Awareness session for construction workers at Pristine site, Iblur on 28.9.2013 conducted by I-volunteers and ASHA Foundation staff.



Awareness session for construction workers at Synergy site, Hebbal on 21.9.2013 conducted by I-volunteers and ASHa Foundation staff.



2. Adolescent Health Education

The holistic developmental aspect of the adolescent has been neglected in the planning of education of young people. For example in the emotional domain much needs to be done.

Adolescent Health Education program (Anmol Ashayein) of ASHA Foundation is based on two broad understanding about adolescents as described by WHO.

Firstly, WHO describes health not just as physical health but as wellness in all five dimensions of a person. These dimensions are emotional, mental, social, physical and spiritual. Each of these dimensions affects the other. None of these dimensions are independent of each other.

The ASHA Foundation Anmol Ashayein curriculum encourages young people to build themselves in their character to show responsibility and respect in all dimensions as the adolescents relate to themselves, family, friends, community and the world. Therefore the curriculum combines life skills with character building in the context of values.

Secondly, (WHO- 1993) Life Skills is defined as abilities for adaptive and positive behavior, that enables individuals to deal effectively with the demands and challenges of everyday life. This essentially means three things. Firstly it promotes mental well being and competence to deal with the realities of life. Secondly, it enables children and adolescents to practice life skills and finally the aim underlying the program is to empower adolescents

To promote health and well being of children and adolescents the following ten life skills have been named.

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Communication
- Interpersonal skills
- Self awareness
- Empathy
- Coping with emotions
- Coping with others

The starting point for the Adolescent Health Education program is the Teachers' Training Workshop which in this case is the teacher. The teachers teach the students on a weekly basis so that they can cover the 35 lessons given in the resource manual. Each lesson has two parts of forty minutes duration each.

Teacher Student Connection: The primary focus of the strategy is to build teacher - student relationship. Part A of each lesson is an interactive session and in Part B the facilitator only provides the prompts and each student gets an opportunity to speak. This is circle time.

Parent Teacher Partnership: The Parent Connection Pages at the end of each lesson are designed to inform parents of the classroom activities as well as foster dialogue at home and with teachers in the school about issues of character development and related choices.

Peer Time : Students take leadership in this discussion. This session provides time to the student to internalize the values and share their thoughts on the values taught.

Different activities are carried out under this project to fulfill its goal of empowering adolescents to face the challenges in their life. These activities are

- I Prevention Education Program
 - A Teachers' Training Workshops
 - B Follow up in schools where teachers have been trained
 - C Marketing the program
- II Resource Writing
- III Research

1.Prevention Education Program

A.Teachers' Training Workshops

Six teachers training workshops were conducted through the year the details of which are as follows :

- 1 16th – 18th April 2013 II Mumbai Teachers' Training Workshop at Christ Academy, Vashi. Mumbai
Workshop Participants 30
- 2 27th – 29th June 2013 42nd Teachers' Training Workshop Ashirvad, Bangalore
Workshop Participants 20
- 3 5th – 7th Oct 2013 1st Teachers' Training Workshop for CCCYC Caregivers. CCCYC Bangalore
Workshop Participants 50
- 4 7th – 9th Nov 2013 2nd Teachers' Training Workshop for CCCYC Caregivers. CCCYC Bangalore
Workshop Participants 55
- 5 5th – 7th Dec 2013 3rd Teachers' Training Workshop for CCCYC Caregivers. CCCYC Bangalore
Workshop Participants 49
- 6 4th - 6th Mar 2013 VII Pune Teachers' Training Workshop, Christ College. Pune
Workshop Participants 54

A total of 258 teachers and caregivers were trained at these workshops.

Total numbers in the Adolescent Health Project

	Up to 2009	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013-2014	Total
Teachers' Training Workshop	34	2	2	2	2	6	48
Teachers trained	1882	52	74	67	49	258	2382
Schools/ Institution that sent teachers for training	314	88	152	313	Karnataka 224 Mumbai 8 Pune 91 Nagpur 2 Shimla 1 Vizak 2 Total 328	Andhra 36 Karnataka 198 Kerala 15 Mumbai 22 Pune 93 Nagpur 2 Shimla 1 Tamil.Nad 53 Vizak 3 Total 423	1618 institutions since 2008
Students doing the program and completed .	50,000 completed in 2006 in Karnataka 30,000 were doing the program Pune. 4547 Mumbai 993	Vizak 8913 Pune 7147	Karnataka 12 980 Mumbai and Pune 8778 Vizak 8913 Shimla. 1000 Nagpur 90	Kar nataka 4,600, Mumbai Pune 10,309 Nagpur 130 Shimla 1000 Vizak 449	Kar 51752 Mum 3100 Pune 10750 Nagpur 80 Shimla 1000 Vizak 900 Total 67582	Andhra 692 Karnataka 6895 Kerala 80 Mumbai 2440 Pune 9143 Nagpur 80 Shimla 1000 Tamil.nadu 1788 Vizak 900 Total 23018	23018 students in 2013-2014 of which 2452 have completed the program

Three workshops were conducted by ASHA Foundation in the months of October, November and December 2013 for the caregivers of CCCYC titled *Child Rights & Protection, Equity and Inclusion focus on Children including HIV*

Year 2013 -2014					
Number of Institutions Represented at the workshop	Andhra Pradesh	36	Number of Institutions yet to start the program	Andhra Pradesh	16
	Karnataka	23		Karnataka	11
	Kerala	15		Kerala	7
	Tamilnadu	53		Tamilnadu	28
	Total	127		Total	62
Number of caregivers trained	Andhra Pradesh	36	Number of Caregivers not yet started the program	Andhra Pradesh	36
	Karnataka	38		Karnataka	11
	Kerala	15		Kerala	7
	Tamil Nadu	53		Tamil Nadu	28
	Total	142		Total	82
Number of children Started the program	Andhra Pradesh	692			
	Karnataka	339			
	Kerala	80			
	Tamil Nadu	1788			
	Total	2899			

The institutions that are yet to start have not been able to do so for the following reasons

The institution was meant for children who were challenged and therefore the caregivers were not able to teach Anmol Ashayein.

Some of the caregivers who attended the program were involved in administrative responsibilities and not directly involved with children.

Some institutions did not respond to phone calls so not sure whether program was started in these

Details of Schools Colleges and Other Institutions doing the program in the year 2013 to 2014

Sl No.	Region	Total Schools	Total Colleges	Total Other Institutions	Total in 2013 - 2014
1	Andhra Pradesh			20	20
2	Karnataka	50	3	12	65
3	Kerala			8	8
4	Mumbai	18	4	-	22
5	Pune	91	3		94
6	Nagpur			2	2
7	Shimla		1		1
8	Tamil Nadu			25	25
9	Visakhapatnam	3			3

Total number of Schools, Colleges and other Institutions doing the program nationwide in the year 2013 to 2014 is 240

Names of Institutions under Karnataka, Pune, Mumbai and the nature of implementation of the program is given as an annexure

B Follow up

The follow up of schools in Pune and Mumbai continues by Mr. Biju Sebastian.

Follow up in Karnataka. The schools under the Ursulline Provincilate of both Mangalore and Mysore region continue to use our resource. They are trying to plan a date when all their teachers can come together for a refresher.

Follow up in Bangalore. One of the highlights was a report from a teacher at Janakshi Vidya Niketan. She informed us that the help given to their teachers on how to use the objectives given in Anmol Ashayein helped them with indicators for self esteem and were able to give proof to CBSE about the growth in self esteem. This was highly appreciated by the CBSE.

1st Feb 2014 an alumni meeting was held in Bangalore. While about 30 people said that they would attend only 12 people actually attended. The section covered were Units 3 and 4. The teachers also explained their experience of teaching Anmol Ashayein.

Project life that was doing our program in Bangalore & neighboring areas in the last academic year has had a change in leadership. Their new staff has yet to be appointed. This adversely affects our project since there would be no one to conduct these programs in the schools under the Bangalore Archbishop's diocese.

Follow up at Shimla, Nagpur, Vishakapatnam and Delhi (EFICOR staff), Andhra, Tamil Nadu and Kerala took place as and when time permitted through e mail and telephone calls.

Follow up in Nagpur: The EFICOR staff couple, Somy and Harshan who were giving leadership to the follow up in Nagpur was transferred to Delhi. Mr. AK Nanda took over from them and was able to continue the classes in two of the World Vision hostels.

11.Seminars & Other meetings

The following meetings and seminars were conducted by ASHA Foundation staff and master trainers.

Enjoying Life of Health & Healing

3rd Nov 2013. A one day inaugural workshop was conducted by our master trainer Mrs. Bharathi Moses at the invitation of the Panjim Methodist church, Goa. The title of the workshop was enjoying a life of health and healing. 49 people attended the program and were helped to understand the concept of health as wellness in all dimensions.

Acquainting Church leadership with the AHE program

Every month an article was published in the AIM magazine with an emphasis on character building. This magazine addresses itself to the Christian community.

Seminars in Schools

Three seminars were conducted

Two in Jnanakshi Vidya Niketan one was titled '*Workshop on Gender Sensitization, Emotional balance and Behavioural Problems*'.

The second was titled '*Sensitization of Teachers for Value Education*'. About 70 of the school staff attended the program.

A third seminar was conducted for the 10th class students of Baldwin Girls School as part of their value education program.

111. Writing of Resource Manual

- A. Writing of the Resource Material, Anmol Ashayein was completed.
- B. The Students Manual units 1, 2 and 3 are in use in the schools.
- C. The Parent Manual is being used in a limited manner

Feedback from teachers, students and students

A teachers said, “My students have started respecting me in classes.”

Another teacher said “Now I can share this knowledge with my students and my own kids”

A Student said, “I could learn something for my life which I never could get from my books.”

Another student said, “Thank you teacher for guiding me through my difficult time with a positive thought

Parent said, “My son has developed a sense of self responsibility”

Another parent said, “There is a mutual co – ordination between my son and daughter.”

IV Research and Publication

“Teachers training workshops: a capacity building strategy for mainstreaming HIV/AIDS prevention education among adolescents.” This research article was accepted by the Indian Association of Teacher Educators for their e – journal. The article is yet to appear in their journal. The peer review of this article is still underway.

A new area of research had been undertaken this year to understand the self esteem of adolescents in India and how far the Anmol Ashayein intervention helps students. Over 7000 students of classes VII and VIII have participated. These responses have now to be tabulated for statistical analysis and write up.

Participants of Teachers training workshop Mumbai- 16-18th April 2013



Students of Christ Academy Mumbai doing the AHE program of ASHA Foundation



Participants of First caregivers workshop at CCCYC campus , B'lore 5th -7th October 2013



Teachers interacting with Ms. Joyce Davis P.C of ASHA Foundation AHE project at Mumbai



3. The KNH- Children at risk project(CAR) :

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, 114 children were supported for their education. Most of the children received their educational support in the first two Quarters.

ELC (Early Learning Centre) Lkg & Ukg	10 (Boys 03 & Girls 07)
PE (Primary Education) 1 st std to 7 th Std	53 (Boys 34 & Girls 19)
SE (Secondary Education) 8 th std to 10 th std	22 (Boys 12 & Girls 10)
HE (Higher Education) 1 st PUC to Degree	29 (Boys 07 & Girls 22)
IC (Intellectually Challenged)	---
Total	114 (Boys 56 & Girls 58)

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

HIV testing

During the period totally 98 HIV tests have been done including 15 children. Out of this 35 have been reported positive- 17 adult males, 11 adult females and 4 female and 3 male children.

HIV/AIDS Clinic

Children:-ASHA Foundation conducts a HIV/AIDS clinic thrice a week on Monday, Wednesday and Friday afternoon from 1.30 pm to 5.00 pm. Totally the clinic has operated for 150 days during the period. The medical team consists of two Physicians, Pediatrician, Nurse, Project co ordinator, Medical Social worker & clinic support staff. Free Medical care is provided for all the HIV Positive patients and all children infected by HIV/AIDS. The services include routine medical care, ART, treatment for opportunistic infections and TB treatment.

Presently 44 children are receiving ART treatment and 21 children are under OI treatment, and these children have increased their life span and their CD4 count has increased.

Four children have been started on HAART during the period. Totally there were 473 children visits to the clinic. Sixty two children received CD4 investigation support and 87 children have received support for various investigations like CBC, Hemoglobin, Differential count, ELISA, Blood Picture, S.Creatinine and Culture & sensitivity tests.

Forty five children were received the Nutritional support of 209 Poushtik plus packets during the period.

Adults

Totally 183 adult patients are on ART. There were 1517 adult patients visits to the clinic. Sixty four patients have undergone CD4 test and 10 patients have been started on ART during the period. Seven eight patients had undergone other investigations like Hemoglobin, Differential count, Fasting Blood Sugar, Viral load, Hepatitis B antigen (ELISA), Reticulocyte count, PPBS/RBS, Sputum for AFB, PCR, Hepatitis C antibody (ELISA), Platelets, Blood Picture, S.Creatinine, Culture & Sensitivity, Total WBCcount, ESR, Liver Function tests & Chest X – ray. 31 positive patients have been registered during the period.

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

Self Help Groups:

Five Self help Groups (118 members) have been formed under the guidance of ASHA Foundation with on an average of 20 to 23 members in each group. Regular meetings are being held every month and minutes are maintained. The five groups are Shruti, Trupti, Preethi, Prakruthi and Nisarga. Nineteen beneficiaries have utilized the loan facilities during the period {totally 117 members have taken the internal loan of Rs 4, 98,000=00 (Four Lakhs Ninety Eight thousand only).Of this 77 members cleared their loans and Rs 100290=00 is the outstanding loan amount with 40 Beneficiaries} They meet on the 3rd Sunday of every month.

Dry Ration Support:

Forty five HIV positive families with children were supported. Nutritional supplements like dry rations consisting of 6 kg rice, 1 kg Atta, ½ kg green gram, 1 kg oil, ½ kg dhal, were given to each family every month.

Picnic:

The annual picnic of ASHA Foundation was held on the 28th of May 2013. The Venue was Fun world and Snow City. Seven eight children, 41 mothers and 11 staff from ASHA foundation were present.

The picnic day started with registration at Fun World, around 10:00a.m. After the registration they were divided into groups and chocolates were distributed. Each group had around 20-22 members and a group leader. Once the registrations were over they had to enter into Fun World.. The games at fun world started only by 11:00 a.m. Once the games/rides started everyone were free to choose which ever game they wanted to play. There were almost 40 rides, 20 rides for children and 20 rides for adults. Some of the rides were Columbus, mini Columbus, Tora Tora, Roller Coaster, Train, Space vehicle, Swings, to name a few. They had a great time till 1:45p.m At 1:45 p.m., they assembled for lunch. Group leaders took attendance and lunch was served by around 2:00p.m. After lunch they visited Snow City at the same premises. Many children had never seen snow and they enjoyed themselves thoroughly. By 5 pm they were all tired and returned home after an enjoyable day.

Sports day:

The Sports Day was organized by ASHA Foundation on 26th January -2014 at BBMP ground Anandnagar. Totally there were 91 Children and 58 women. The day began with the staff making arrangements for the games. All the beneficiaries arrived and the games began. There were different games organized for different age groups. The children were very enthusiastic about participating in the events and played sportively. Not only the children participated with enthusiasm, even the women came forward and participated in various games. Apart from the beneficiaries, even the staff of the organization were very supportive towards making the day a big success. During the day Dr. Alexander, The Director of Bangalore Baptist Hospital, Mr. Asir, Manager CCCYC and Mr. Benjamin Solomon, CEO of CCCYC attended the Sports Day and honored some of our winners by giving away the prizes. The day wound up with the distribution of individual gifts for every child who was present for the Sports Day followed by lunch.

Advocacy and networking:-

- Most of the meetings of the BHAF (Bangalore HIV AIDS Forum) were attended by the staffs and some beneficiaries and the information have been shared to the beneficiaries during the SHG meetings.

- HIV Bill meeting was conducted by Lawyers Collective and BHAF to request the government to table the HIV/AIDS bill in Parliament.
- Ms. S. Noori, President, South India Positive Network, Chennai t shared her experiences and inspired PLHIV community in bringing in behaviour change towards positive life on 28th Sep -13 at SCM House.
- Dr.Glory Alexander attended the ‘Southern Regional Consultation on HIV/AIDS’ dated 29th in Karnataka Legislative Assembly, Bangalore
- ASHA Staff attended the workshop on Child Protection (Module I) conducted by KNH India Partners at CCCYC from 20th to 22nd November-2013

Visitors to Our Organization:-

Sl.no	Name	From	Visited On
1	Rev.Thiesbonenkamp Mr.Christoph Denn Mr.Solomon Benjamin .P Mr.Asir	KNH Germany & CCCYC	05/04/2013
2	Mr.Pranav	Ex Infosys’s Employee	22/08/2013
3	Mr.S.K.Satish Kumar Mrs.Rochelle D’souza Yephthomi	YRG Care Chennai	03/10/2013
4	Mrs.Alyson Fox	Serious FunUSA	11/11/2013
5	Mr.Solomon Benjamin .P Mr.Asir	CCCYC	26/01/2014
6	Mrs.Usha Mrs.Pushpa	Pai Foundation	26/03/2014

Quantitative report KNH-CAR project

Sl.no	Particulars	Reached
1	Education	
a	No of Educational Support	114
b	ELE	10
c	PE	53
d	SE	22
e	IC	-
f	HE	29
	Total	114
2	HIV/AIDS Clinic	
a	No of testings	98
b	Positive Reported	35
c	Adults Reported Positive	28
d	Children Reported Positive	07
e	No of Patients Registered	31
f	No of Days clinic worked	150
g	No of Adult patient visits to clinic	1517
h	No of Children patients visits to clinic	473
i	Total no of patients visit to clinic	1990
j	General Investigations for children	69
k	CD4 Investigations for Children	87
l	TB treatment for Children	01
m	OI infections treated for Children	299
n	Children on ART	44
o	Children on 1 st Regimen	35
p	Children on 2 nd Regimen	06
q	Children on 3 rd Regimen	03
r	No of Children Hospitalized	01
s	No of Children Referred	-
t	Adults on ART	183
u	General Investigation for adults	78
v	CD4 investigation for adults	64
w	OI infections treated for adults	386
x	PLHA TB treatment for Adults	04
y	No of adult patients started on HAART	13
3	Socio Economic	
a	No of SHGs	05
b	No of SHG members	118
c	Nutritional Supplements for Children	45
d	No of Nutritional Poustic plus distributed	209
e	Dry ration support for Poor Families	45

f	SHG Internal Loans issued	19
g	Total SHG internal Loans issued no of times	117
h	No of Loans completed	77
I	No of loans to recover	40
j	SHG Monthly topics <ul style="list-style-type: none"> • 2012-13 Annual report shared with beneficiaries • Regarding Picnic – Fun world & Snow City • GAWA Program – Global AIDS week of Action • Follow up details of Education support from Child welfare committee. • Regarding educational details follow up • Follow up details of Education support from Women & Child development Department. • Camp Rainbow • Sports Day –January 26th -2014 • World AIDS Day • CABA Children Educational Support from the Women and Child Development Department of Karnataka. • Child protection Policy • Camp Rainbow 	12
K	BHAF Meetings attended	08
L	No of children details submitted for foster care support Department of women & child development	22
m	No of children received foster care support from Department of women & child development.	05
n	No of beneficiaries referred for Job placements to Project Udyog -SWASTI	08
4	Celebrations & Events	
a	Sports day	91 & 58
b	Picnic	78 & 41

Children at Fun World on picnic day 28.5.2013



Children at Snow City on Picnic day 28.5.2013



Ready to start a race –Sports Day 26.1.2014



Rev Thiesbonnenkamp and Mr. Cristoph Denn from KNH Germany interacting with mothers and babies at ASHA Foundation on 5.4.2013



4. The KNH- Prevention of Mother to Child Transmission of HIV (PMTCT) :

In India, annually, 27 million women become pregnant. At an average HIV seroprevalence of 0.17% about 46,000 of these pregnant women will be HIV positive. At an average transmission rate of 30% and without medical intervention about 14, 000 HIV positive children will be born HIV positive each year in India, and over a period of time this will negate all the progress that has been made in infant mortality rate and child mortality rate in our country.

However with the introduction of PMTCT (Prevention of Mother to Child Transmission of HIV) services, this transmission from pregnant mother to newborn child can be reduced drastically, resulting in the birth of HIV negative children who would then have a normal span of life and contribute to the growth of a vibrant and healthy India. We work with 18 Mission Hospitals in the private sector to initiate PMTCT services in these Hospitals. The process involves:

Targets and activities for the year 2013-2014

1. To provide counseling and HIV testing to at least 15,000 Pregnant mothers per year.
2. To provide PMTCT services to at least 90 HIV positive pregnant mothers per year.
3. To provide treatment, follow up and testing to 80 newborns.
4. To decrease the risk of transmission from 30% to < 5% in our cohort.
5. To make three hospitals sustainable this year
6. To conduct trainings for nurse counsellors and doctors
7. Site Visits.
8. Maintenance of records and data entry

14,578 pregnant mothers were tested for HIV this year till Mar 2014 in our partner hospitals. Of them, 46 were diagnosed HIV positive and started treatment. In addition, 53 HIV positive mothers delivered 54 infants (one set of twins) and 53 received treatment. One baby died from severe birth asphyxia, multiple congenital anomalies and ambiguous genitalia. Of the 45 babies who have been tested at six weeks, one child is HIV positive. The mother received three drug treatment from before pregnancy and yet the baby was positive.

One training workshop was held from September 16th to September 20th 2013. Ten nurses and one lab technician were trained in the workshop held at ASHA Foundation This training was conducted for those hospitals which had only one counsellor and required new counsellors to be trained.

One Hands on training was conducted on March 13th and March 14th 2014 for two nurses and one ward aid from St.Joseph's Hospital, Guntur to use the Flip Charts, to maintain the Pre test and Post test counselling registers and compilation of monthly reports

Statistics for PMTCT for the year and cumulative statistics

Particulars	KNH PMTCT	ASHA PMTCT
	Apr '13 – Mar '14	Cumulative Jan '03 – Mar'14
Total no. of deliveries	14,570	1,34,609
Total no. of ANC women registered	14,928	1,19,983
Total no. of women counseled	14,823	1,36,390
Total no. of women tested	14,578	1,37,794
Total no. of antenatal women identified HIV positive	46	775
No. of liveborns	54	642
Total no. of women awaiting delivery	9	9
Eligible women treated	53	614
No. of babies treated	53	626
PCRs or ELISAs done	45	513
Positive PCR	1	12
Negative PCR/ELISA	44	501
PCR/ELISA done after stopping EBF at 15 months	49	105
Negative PCR/ELISA	49	105
Transmission rate	2.2%	2.3%

Site visits: A total of 13 site visits were made under the KNH PMTCT to streamline the project and evaluate the activities under the project. Financial accounts were also checked at these visits. ASHA Foundation staff sensitized staff members at the institutions at these follow-up visits.

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

People Sensitised	By Trained Counsellors in their Hospitals
Staff Nurses	125
Nursing Students	372
Ward Aides	173
Para medicals and Community Workers	67
Community	428
Total	1165

Site visits details

Sl.n	Date	Hospital	State	Purpose of visit
1	30-Apr-13	CSI ,Bangalore	Karnataka	Assessment ,Discussion with doctors and counselors
2	6-Jun-13	BBH ,Bangalore	Karnataka	Update session
3	6-Oct-13	BH, Ambur	Tamil Nadu	Follow-up and evaluation
4	18-Nov-13	BBH,Bangalore	Karnataka	Follow-up and evaluation
5	28-Nov-13	CBH ,Nagercoil	Tamil Nadu	Follow-up and evaluation
6	28-Nov-13	SMCSI,Karakonam	Kerala	Follow-up and evaluation
7	29-Nov-13	RHTC,Kazhakuttam	Kerala	Follow-up and evaluation
8	23-Jan-14	BLH, Narasapur	Andhra Pradesh	Follow-up and evaluation
9	23-Jan-14	St Josephs Hospital, Guntur	Andhra Pradesh	Follow-up and evaluation
10	25-Feb-14	BBH,Bangalore	Karnataka	Follow-up and evaluation
11	26-Feb-14	SDAH,Bangalore	Karnataka	Follow-up and evaluation
12	10-Mar-14	CBH,Nagercoil	Tamil Nadu	Discussion with administrator, doctors and counselor
13	11-Mar-14	RHTC,Kazhakuttam	Kerala	Monitoring and evaluation

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. The Bangalore Baptist Hospital, Karnataka
2. Church of South India Hospital, Bangalore, Karnataka
3. Christa Mitra Ashram Hospital, Ankola, Karnataka
4. Hope Hospital, Kolar, Karnataka
5. Seventh Day Adventist Hospital, Bangalore, Karnataka
6. Bishop Walsh Memorial Hospital, Coimbatore, Tamil Nadu
7. CSI Hospital, Kanchipuram Dt, Tamil Nadu
8. CSI Hospital, Codacal, Kerala.
9. Dr Somervell Memorial CSI Hospital, Karakonam, Kerala.
10. LMS Boy's Brigade Hospital, Kolar Dt, Kerala
11. Gnanadurai Hospital, Sivakasi, Tamil Nadu

Case Study

Mrs. Karen (Name Changed), aged 30, is a teacher by profession and is working in a School in Bangalore. She is married for 6 yrs and is living with her husband and 4 yr old son. She was diagnosed to be HIV positive on her routine test done during her fourth pregnancy. Previously to the fourth pregnancy she had had two previous abortions. She was referred to ASHA Foundation from our partner hospital.

Her husband, who was an intravenous drug user before marriage and her first son were tested at ASHA Foundation clinic and both were detected to be HIV+ve. When the couple came to know about their son's HIV status they were very depressed and worried about the unborn child who could also be infected with HIV. After being counseled at ASHA Foundation and being informed that transmission rate from mother to child can be reduced to less than 3 % with ART treatment to the mother, they were keen on continuing this pregnancy.

Her CD4 count was 414 and she was started on ARV prophylaxis at 14 weeks of pregnancy to prevent mother to child transmission. On 6th May 2013 she delivered a normal baby boy by elective caesarean section at our partner hospital. She opted for exclusive breast feeding and syrup NVP was given to the baby for 6 weeks. At Six weeks her baby was tested for HIV by DNA PCR, which was negative.

Four months after delivery she developed hepatitis (jaundice) as a side effect to the drug used for ARV prophylaxis, hence her medicines had to be stopped and the baby started on Exclusive formula feeding, 6 weeks after stopping breast feeding her baby was tested for HIV by DNA PCR, which was negative.

When the report was handed over to her she was extremely happy and relieved. The family is very grateful to God, KNH, CCCYC and ASHA Foundation for all the services rendered to them free of cost and for all the caring support that they received. Their biggest joy however was that their baby was born HIV negative!!!

Karen's only regret is if she had known about PMTCT program and her HIV status in the first pregnancy, she could have saved her elder son from being HIV positive

5. Camp Rainbow :

Camp Rainbow is a new project that was introduced into ASHA Foundations activities in September 2013.

Children with chronic illness, in general, are found to be at greater risk for psychiatric problems, including depression, anxiety, and feelings of isolation. Children with HIV/AIDS have additional factors in complexity of their illness and treatment as well as in the adverse psychological circumstances and poverty in which many live.

Prevalence rates for psychiatric disorders in perinatally-infected children vary from 55% to 61%. The most common disorders found are anxiety disorders, followed by attention-deficit hyperactivity disorders, conduct disorders, oppositional defiant disorders, and mood disorders.^[10]

A major factor that distinguishes HIV/AIDS from another chronic or terminal illness is the stigma. Too often many HIV infected children, and their families live in a "conspiracy of silence" and shame associated with AIDS. Illness is often kept as a secret. One of the disturbing consequences of "conspiracy silence" is that the families may be withdrawn, become socially isolated and become emotionally cut off from traditional support systems. Parents delay disclosing the children as well as their own HIV/AIDS illness status due to stigma and possible social consequences.

Disclosures forces parents to confront their personal responsibility and to acknowledge the negatively sanctioned behaviors related to sexual activity or substance abuse. Unable to tolerate their own guilt, remorse, and psychological pain parents withdrawn and deny an illness that is evident to their children and loved ones. Maternal concerns include fear, anger, blame and stigmatization from family and friends, as well as from their children further complicate the issue. In the presence of social disapprobation, many parents prefer to keep their as well as their children diagnosis secret from family, friends, and society as a whole. Self-imposed secrecy and reactions to social stigma may preclude families from procuring necessary treatment seeking assistance with permanency planning for infected as well as affected children, and obtaining needed forms of social support.

As the disease progress, children confront the physical and mental decline associated with AIDS. Family members are overwhelmed at this stage and have difficulty in communicating with the child about the issues related to prognosis and death. More than coping with their own mortality; the children and adolescents have to cope with mortality of their loved ones with HIV/AIDS. Facing and understanding their own possible death are major challenges faced by children and youth with HIV/AIDS. The cognitive and emotional maturity of the child often determines their level of awareness about their own mortality, as well as their coping skills and defences to deal with this realization. Children's reactions can range from unawareness of the finality of death in very young children, to increasing awareness and anxiety in the elementary age period, to major existential conflicts in teenagers. Sensitive psychological interventions with a child helps in expressing his or her anxieties associated with separation from parents and dying. Special attention must be paid to the issue of pain management at this stage, particularly for young children with limited ability to communicate information to care providers effectively.

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 activities at camp are designed to help children live positively and develop hope for their future by fostering resilience, rekindling a sense of joy and curiosity, teaching them how to make informed decisions and surrounding them in a supportive community with positive role models.

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 Chennai 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). Under the IPI Initiative YRG Care Chennai and ASHA Foundation, Bangalore are involved.

This project is actually a tripartite partnership between Serious Fun Network USA, YRG Care, Chennai and ASHA Foundation Bangalore.

Aims :

- To improve the social and emotional development of the Children Living with HIV (CLHIV) through structured and intentional intervention programming.
- The CLHIV to gain Hope, Confidence, Self-esteem, Positive relationships, Resilience and Life Skills.

Activities carried out in the Period of October 2013 – March 2014

- 17th October 2013 – IPI Coordinator, Mrs.Rochelle D'souza Yeptomi's visit to ASHA Foundation.
- 28th October 2013 – First Visit to Visthar as Camp Site.
- 11th – 12th November 2013 – First Training Session by Alyson Fox, SeriousFun Children's Network, USA and Rochelle, IPI Coordinator, YRG Care,Chennai
- December 2013-January 2014 – Presented on Camp Rainbow to several Organization (World Vision, Freedom Foundation, Swasti Mahila Sanga)
- 10th – 13th February 2014 – SeriousFun Support Team and Rochelle visit to ASHA Foundation for the leadership team meeting and camp site visit.
- 14th February 2014 – First Staff Recruitment Session for Staff of other Organizations and volunteers.
- February – March 2014 – Presented Camp Rainbow to various Departments of some Educational Institutions (St.Joseph's Arts and Science College, St.Joseph's Post Graduation and Research Center, Kristhu Jayanthi College, Sheshadripuram First Grade College, Christ College, Southern Asian Bible College)
- 3rd – 8th March 2014 – Camper Recruitment and Medical Screening.
- 29th March 2014 – Staff Information Session / Orientation for the Recruited Staff

Nurse counselors with their certificates after the PMTCT workshop conducted by ASHA Foundation 16-21st sept.2013



Dr.Glory teaching at the PMTCT workshop Sept 16-21st 2013 at AF premises



PMTCT site visit to Catherine Booth Hospital Nagercoil 10th March 2014



PMTCT site visit to SMCSI Hospital, Trivandrum on 28th Nov 2013 by ASHA Staff Philimol and Dr.Reena



Camp Rainbow leadership team from USA and ASHA Foundation with volunteers



**Camp Rainbow team- First row- L-R Rochelle, Tim, Usha, Dr.Reena
Second row L-R Ramu, Pando, Saranya, Mary, Sylvia and Rebecca**



Staff recruitment session for Camp Rainbow



The ASHA Foundation team

**First Row L to R- Daniel, Malliga, Maya, Dr.Glory, Bethesa, Dr.Reena, Nethra, Sylvia, Saranya
Second Row L to R – Ramesh, Ravikanth,Ramu,Priyanka, Merlin, Joyce, Philimol, Elizabeth,Rukmani**



5. Research

ASHA Foundation is recognised as a Scientific and Industrial Research Organisation (SIRO) by Dept.of Scientific and Industrial research (DSIR). The three year renewal cycle was till March 2014 and ASHA Foundation's recognition as a SIRO has been extended from April 2014 to March 2017. ASHA Foundation also has a Research Advisory Board .

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

Completed Projects:

1.ICMR Project :Growth and development of HIV positive children .

Project period 2011 to 2014

Investigators Glory Alexander , Eileen Solomon, Anuradha Nalli, Fehmida Visnegarwala, Sarita Rao, Ramu, Saranya Satish,

The project period was from 2011 to 2014. The final report was sent to was completed ICMR in June 2014. A brief summary is given below :A three-year study on growth and development of CLHIV was conducted at ASHA Foundation which works in the prevention of HIV and care of PLHIV and CLHIV. Three groups of children were compared – 63 CLHIV, 98 affected children of PLHIV, and 70 uninfected children of uninfected parents. The CLHIV were further divided into those on ART (N=32) and those not yet on ART (N=31), and comparisons were made. Their physical status in terms of weight for age, height for age, BMI, hemoglobin and serum albumin, and their intellectual and social maturity as determined through BKT and VSMS scores were compared. Qualitative analysis of RISB and HTP Story was done as an evaluation for emotional indicators.The results showed that HIV infected children were stunted in their physical growth and development in spite of focused intervention. Among CLHIV 28.1% of children had weight-for-age Z score of <-2, compared to12.5% of affected children, and 14.3% uninfected children with significant difference between the first two groups.

For height for age Z scores, 29.8% were stunted with Z score <-2 among CLHIV, 16.7% among the affected, and 11.4% among the uninfected, with significant difference between first and third groups. There was no statistical significance between the BMI Z scores.

- There is a statistically significant difference in Tanner's sexual maturity affecting CLHIV who seem to show slower sexual maturation.
- Serum albumin was significantly different, with the lowest mean in CLHIV not on ART. Mean hemoglobin showed borderline differences with more severe anemia in those on ART.
- Mild to moderate range of retardation was highest in CLHIV on ART. There was no significant difference in social maturity.
- Sex-role identification was delayed significantly in the girls on ART. Stigma and discrimination, and shame and guilt were significantly higher in those children on antiretroviral treatment affecting both genders, compared to the other three groups. A significant percentage of boys on ART showed withdrawal.

In conclusion, this study shows that CLHIV have stunted growth in height and weight for age, delayed sexual maturation, low serum albumin and more significant anemia. There is also significant intellectual, social and emotional impact on CLHIV.

2. The HIV/AIDS Helpline is an effective tool of communication :

This project was completed and the paper was published in the World Journal of AIDS

Authors: Dr. Glory Alexander, Chitra.L.Kanth, .Priyanka.M, .Merlin.M, Dipty Joseph

Abstract :

Background and Objectives: With the evolution of mobile technology, the cell phone has become a medium of communication for all manner of diseases .. So far no study has been done in India to assess the effectiveness of an AIDS Helpline and that too as a stand alone service. The objective of this study was to determine if the callers to the HIV/AIDS Helpline found it to be an effective tool of communication

Methods: All the calls received on ASHA Foundation's HIV/AIDS manual helpline during the period of three years from April 2009 to March 2012, were included in this study..At the end of each call, the counselor asked the caller if he found the call useful and if so why he found it useful. If the caller did not find the call useful he also needed to say why he did not find it useful. Details of each call were recorded and entered on MS excel worksheet and finally analyzed using the SPSS software package.

Results: The Helpline received 4692 calls during this period of which 90.9 % calls were from males and 9.1% calls were from females. Of the 4692 calls, 38.72% were from repeat callers. Of the 2875 first time callers, 85.07% responded and said that they found the helpline useful. Responses could not be elicited from the remaining 17% as the calls were disconnected before the question could be asked.

Conclusions: Callers to the helpline were mostly male, 38.7% called again, all the callers who responded said that they found the helpline useful. Thus it is an effective tool of communication and could be used to complement advanced care in HIV/AIDS.

Current research projects of ASHA Foundation

1.Profile of people attending an ICTC for pre-test counseling in an Urban center in Bangalore, Karnataka

Project period- 2011-2013

Investigators- Glory Alexander, Chitra .L.Kanth, Priyanka M, Merlin Maria

Status- Data collection is over. Analysis is going on.

2.An observational study to determine the coping mechanisms of HIV Positive widowed women

Project period 2011-2014

Investigators- Glory Alexander, Chitra .L.Kanth, Priyanka M, Merlin Maria

Status :Data Collection

3.Experience and outcome in usage of extended PPTCT protocols in South India

Project period- 2009-2014

Investigators-, Glory Alexander, MD Fehmida Visnegarwala, MD, MPH,Reena Joy MBBS, Philimol Philip, Jisha Pappachen

Status-Data collection is going on. The presentation of the preliminary findings were done at the International AIDS conference in Vienna , Austria in 2010. Another presentation on the interim analysis was done at the HIV congress in Mumbai in March 2012. Full data collection was completed in March 2014. An analysis is going on.

4.Determination of perinatal transmission with 3 drug ARV prophylaxis in breast feeding population in private sector setting in South India

Project period- 2013 -2016

Investigators-Glory Alexander, Reena Joy, Philimol Philip

Status- Data collection

5. A study to assess the process and problems of change from the lecture method of teaching to interactive teaching for ASHA Foundation's value Education Program.

Project period -2013 – 2014

Investigators- Joyce Davis, Baiju Sebastian, Bethesa Jacob, Glory Alexander

Status – Data collection

6.A Survey on estimation of self esteem in school going adolescents in India

Project period- 2013 -2014

Investigators- Joyce Davis, Baiju Sebastian, Bethesa Jacob, Glory Alexander

Status – Data collection

Papers sent for publication :

1. Impact of Anti-retroviral Therapy (ART) on socio-economic productivity of HIV infected individuals in an urban Indian Setting.

Authors : Fehmida Visnegarwala, MD, MPH, Glory Alexander, MD Eileen Solomon, MD, Anuradha Nalli Ph.D, Ramu B.Sc, Saraya Satish MSW .

Sent to International Journal of Health Management.

2. Teachers Training Workshop- A capacity building strategy for mainstreaming HIV/AIDS prevention education among adolescents.

Authors : Joyce Davis, Biju Sebastian, Glory Alexander

Sent to E-journal of Teacher Educators

Publications in scientific and medical journals 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. 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**
- 11. 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**

Trainings attended 2013-14

Sl No	Date	Topic	Name	Venue	No. of Days	Conducted by	Timings
1	16.06.2013	Training on MS-Excel	1.Ms.Priyanka.M 2.Ms.Saranya	I Volunteer	½ day	I Volunteer	10.00 am to 4.30 pm
2	28.09.2013	Bringing in Behavior changes towards Positive life	Ms. Maria Sonia	SCM House	1 day	Milana	2:00 pm to 5:00 pm
3	17.10.2013	Presentation on CAMP Rainbow & YRG care	1.Dr.Glory 2.Dr.Reena 3.Mr.Ramu 4.Ms.Saranya 5.Ms.Priyanka.M 6.Ms.Merlin Maria 7.Ms.Jayanthi 8.Ms.Maria Sonia	ASHA Foundation	1 day	Rochelle YRG Care	09.30 am to 4.30 pm
4	29.10.2013	Southern Regional Consult HIV/AIDS	Dr. Glory Alexander	Legislative Assembly, Bangalore	2 days	KNH India	9:00 am to 5:30 pm
5	12.11.2013	Training session on CAMP Rainbow	1.Mr.Satish 2.Ms. Rochelle 3.Dr.Glory 4.Dr.Reena 5.Mr.Ramu 6.Ms.Saranya 7.Ms.Priyanka.M 8.Ms.Merlin Maria 9.Ms.Jayanthi 10.Ms.Maria Sonia	ASHA Foundation	1 day	Allyson CAMP Rainbow	09.30 am to 02.00 pm
6	20.11.2013 22.11.2013	Child Protection	Mr. Ramu Dr.Glory (Day 1)	CCCYC	3 days	KNH	9:00 am to 5:30 pm
7	29.03.2014	Staff Orientation Program Camp Rain	Ramu, Saranya and Sylvia	Bangalore Baptist Hospital	1 day	ASHA Foundation	10.00 am To 5.00 pm

Training programs conducted by ASHA Foundation 2013-2014

Sl. No	Date	Topic	For whom	Venue	No Attended	Conducted by	Timings
1	09.03.2013	Value Education in the 21 century	NITTE First Grade college Yelahanka Bangalore	NITTE First	200	Joyce Davis	Full day
2	16.04.2013 18.04.2013	II Mumbai Teachers Training workshop	Christ Academy	Vashi Mumbai	30	Bharathi Biju, Joyce Davis	Full day
3	09.05.2013	PMTCT Update	Doctors and nurses	CSI Hospital, Bangalore	30	Dr.Glory Dr.Reena Philimol	2.30 pm to 4.30 pm
4	06.06.2013	PMTCT Update	Doctors	Bangalore Baptist Hospital	07	Dr.Glory Dr.Reena Philimol	2.30 pm to 4.30 pm
5	21.06.2013	Culture, Tradition, values & attitudes	Students of pastoral counseling department	Bangalore Baptist Hospital	10	Chitra. Kanth	09.15 am to 11.10 am
6	27.06.2013 29.06.2013	42 nd Teachers Training Workshop	Bangalore Schools	Ashirwad	20	Bharathi Biju, Tarini Joyce	3 full days
7	29.06.2013	Sex & Sexuality	Students of pastoral counseling department	Bangalore Baptist Hospital	10	Chitra. Kanth	09.40 am to 11.30 am
8	05.07.2013	Counseling Skills & Stages in Counseling	Students of pastoral counseling department	Bangalore Baptist Hospital	10	Chitra. Kanth	09.40 am to 11.30 am
9	12.07.2013	Psycho-social Impact & pre-test Counseling	Students of pastoral counseling department	Bangalore Baptist Hospital	10	Chitra. L.Kanth	09.30 am to 11.30 am

10	19.07.2013	Post-test counseling	Students of pastoral counseling department	Bangalore Baptist Hospital	10	Chitra .L.Kanth	09.30 am to 11.00 am
11	02.08.2013	Ongoing Supportive Counseling	Students of pastoral counseling department	Bangalore Baptist Hospital	10	Chitra. L.Kanth	09.30 am to 11.00 am
12	12.08.2013	Crisis Counseling	Students of pastoral counseling department	Bangalore Baptist Hospital	10	Chitra .L.Kanth	09.30 am to 11.00 am
13	16.09.2013	Counseling Selection of realistic alternatives, decision making, recognizing psychological distress and providing support.	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Chitra. L.Kanth	12:45pm to 1:30 pm
14	16.09.2013	Culture and Tradition.	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Priyanka.M	2:00 pm to 2:30pm
15	16.09.2013	HIV/AIDS Counseling – Skills & Methodology Stages in Counselling	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Chitra .L.Kanth	2:30 pm to 3:30 pm

16	16.09.2013	Errors in Counseling and Consent & Confidentiality	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Merlin Maria	3:45 pm to 4:15pm
17	17.09.2013	Sex and Sexuality. Condom use including demonstration	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Chitra .L.Kanth	10:00am to 11:15am
18	17.09.2013	Pretest counselling. Counselling. Risk assessment. Assessment of Psychosocial factors and knowledge.	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Priyanka.M	11:30am to 12:30pm
19	17.09.2013	Post test Counseling Negative	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Merlin Maria	12:30pm to 1.30 pm
20	17.09.2013	Post test Counseling positive result. Reactions to a positive result. Steps in confronttaion.	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Chitra. L.Kanth	2:00 pm to 3:00 pm
21	17.09.2013	supportive counselling for positive individuals and their families. Nutrition	Nurses, Social workers, Staff of ASHA Foundation	ASHA Foundation	13	Chitra. L.Kanth	3.45 pm to 4.45pm

		counselling. Disclosure. Couple counselling. Drug adherence. .					
22	16.09.2013 To 21.09.2013	Counselors' Training workshop	Counsellors	ASHA Foundation Premises	11	Dr.Glory Dr.Reena Philimol	9.30am To 4.30pm
23	28.09.2013	Workshop on Gender sensitization emotional balance and behavioral problems	School teachers	Sri.Janakshi Vidyaniketan school RR..Nagar	75	Joyce Davis Agnes	Full day
24	05.07.2013 To 07.10.2013	Child Rights and Protection Equity and Inclusion focus on children including HIV.CCCYC 1 st Wardens Workshop	Wardens	CCCYC hall	50	Bharathi Biju,Tarini Joyce	3 full days
25	07.11.2013 To 09.11.2013	Child Rights and Protection Equity and Inclusion focus on children including HIV.CCCYC 2 nd Wardens Workshop	Wardens	CCCYC hall	55	Bharathi Biju, Tarini Joyce	3 full days
26	03.11.2013	Enjoying Life of health and	church	Punjim.Metho	49	Bharathi	1 day

		healing		dist Church .Goa			
27	5.12.2013 To 07.12.2013	Child Rights and Protection Equity and Inclusion focus on children including HIV.CCCYC 3 rd Wardens Workshop	Wardens	CCCYC hall	54	Bharathi Biju Tarini Joyce	3 full days
28	25.01.2013	Workshop on Gender sensitization emotional balance and behavioral problems	School teachers	Sri.Janakshi Vidyaniketan school RR..Nagar	70	Joyce Agnes	Full day
29	01.02.2014	Alumni meeting Unit III&IV	Teachers	Ashirwad Bangalore	14	Joyce Agnes Bharathi Rebecca Shelli	Full day
30	25.02.2014	Summarization of unit II &IV	Students 9 th std	Baldwin girls high school Bangalore	350	Joyce Agnes Bharathi Rebecca Shelli	
31	04.03.2014 To 06.03.2014	7 th Pune Teachers training Workshop	Teachers	Christ College Pune	54	Joyce Agnes Baiju, Bharthi	3 full days
32	13.03.2014 To 14.03.2014	Counsellors' Training workshop	Counsellors	ASHA Foundation Premises	3	Dr.Reena Philimol	9.30 am To 4.30 pm

Other Matters :

ASHA Foundation was accorded certificate of accreditation with Credibility Alliance for adherence to good governance of voluntary organizations under Minimum Norms Category for a period of five years from 2014 to 2019. The Regn. No is CA/02/2014

During the year a new project called Project Rainbow was started. Details are mentioned under the relevant section.

International Travel during the year :

There was no international travel during the year.

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	1	2	3
<15000	1	5	6
<30000	3	4	7
<50000	-	2	2
>/50000	-	1	1

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

1. Head — Rs.59,854.per month. Health Insurance
2. Highest paid - Project co-ordinator-AHE
Salary+ Provident fund+ Accident insurance
+ medical reimbursement + gratuity –Rs.45,695 per month
3. Lowest paid -Office Boy
Salary+Provident fund+ Accident insurance+
medical reimbursement + gratuity–Rs.6,820 per month

Our heartfelt gratitude to the following :

Members of the Governing Board of ASHA Foundation for their input and guidance

Members of the Research Advisory Board.

Kindernothilfe, Germany and Christian Council for Child and Youth Care, Bangalore

Mr. Krishna Chivukula and INDO-US MIM-Tech Pvt.Ltd for their unending generosity in supporting ASHA Foundation since 2005

Mr, Sankey Prasad, CMD Synergy property development services for his support to ASHA Foundation this year.

Charities Aid Foundation (CAF) India towards the support for investigations and drugs and programs for HIV infected and affected individuals.

To the Overseas Women's Club and Mrs. Victoria Sanders for supporting telephone Counseling project and equipment needs.

Mr. Purnesh of Classic Group

Mr. Paul George and friends for LCD

Mr. Sameesh Abraham of Symmetrics Development

Ms. Bina Devi Singh, Mr. Madhu, for the financial contribution to ASHA Foundation

To all our other regular donors , volunteers and well wishers who have always Supported ASHA Foundation .

Asha Foundation
42, 4th Main SBM Colony, Anandnagar, Bangalore - 560024.

Balance Sheet as at March 31, 2014

(Amount in Rs.)

Liabilities	Amount	Assets	Amount
General Fund	4,310,091	Fixed Assets	763,963
Project Fund	5,696,152	(Refer Schedule 1)	
Current Liability:		Investment:	
Sundry Creditors	165,559	Fixed Deposit	2,707,727
Salary Payable A/c	28,148	Mutual Fund	5,000,000
		Deposits & other current assets:	
		Deposit with BSNL	5,000
		Rent Advance	300,000
		ISD Connection	2,000
		LPG Deposit	500
		Gas Deposit A/c	600
		TDS receivable	13,847
		Loans & Advances (Asset):	
		Individual Venture Support	42,750
		Dr. Reena Joy	2,500
		Ms. Silva Prathibha	245
		Advance to Visthar	250,000
		Advance to Sahu	25,000
		Good news printers	640
		Subsidized Self Art - Vaman Pharma (P) Ltd	75
		Subsidized Self Art - Mercury Agencies	29,530
		Closing Balances:	
		Cash in hand	32,726
		Bank Balance	1,022,847
Total	10,199,950	Total	10,199,950

for ASHA FOUNDATION

As per our 12A(b) Audit Report of even date
for Singhvi, Dev & Unni,
Chartered Accountants
Firm Registration No. 003867S

Dr. Glory Alexander
Trustee

S Ranganath
Partner
Membership No. 201191

Bangalore
September 11, 2014

Bangalore
September 11, 2014

Asha Foundation
42, 4th Main SBM Colony, Anandnagar, Bangalore - 560024.

Income and Expenditure Account for the year ended March 31, 2014

(Amount in Rupees)

Expenditure	Amount	Income	Amount
Indirect Expenses:		Bank Interest Received	242,578
Assessment/Investigation charges for Children	7,040	Donation:	
Delivery Charges reimbursed at partner Hospitals	44,356	Donations	1,063,589
Dry Rations	206,683	Donation - Indo US MIM Tec Pvt Ltd	2,000,000
IEC Material purchased	1,800	Donations - Telephone counselling	10,100
Investigation charges for Adults	149,651	Donation From Ebay	15,951
Medicine Purchased (Refer Schedule 1)	1,769,137		
Medical Reimbursements to beneficiaries (Refer Schedule 2)	199,808	Grants:	
Nutritional Supplements supplied at Clinic	13,906	CAF-GAYE Grant received	
PCR Testing expenses	48,664	AMEX	5,600
Community Mobilisation	5,169	De Shaw	1,300
Camp Rainbow Project	43,195	Microsoft - IDC	251,295
SHG Monthly Meeting expenses	55,547	Microsoft - MSIT	453,541
Maintenance cost hospital	17,000	Microsoft - Research	1,840
Training for Administrators & Gynaecologists	94,360	Microsoft - Smsg	1,104
		RBS	142,600
Workshop Expenses:		Transfer from Asha local-Research	1,157,000
7th Pune Teachers Training Workshop	109,791	CCCYC /KNH Grant received- KNH	
		PMTCT	3,726,258
3rd Mumbai Teachers Training Workshop	50,401	CCCYC / KNH Grant received- KNH	
41st Teachers Training Workshop	960	PMTCT - Research	460,804
42nd Teachers Training Workshop	52,986	Grant From CCCYC/KNH-CAR	1,807,998
2nd Mumbai Teachers Training Workshop	49,965	Research - CCYC/ KNH Car Project	850,000
		Overseas Womens Club Grant	253,062
Educational Expenses :		Grants -ICMR - Research	593,892
Enroll Children to Education	202,290	Serious Fun Grants	318,610
Enroll Children to Higher education	114,116		
Education Expenses for IC Children	25,906	Write Backs:	
Annual Day out - Expenses	133,238	Reimbursement of Diesel expenses	64,981
		Seminar & conference	9,700
Admin Expenses :			
Accidental Insurance for employees	5,778	Income on sale of Mutual funds	450,652
Administrative Expenses for Partner Institutions	46,000	12% Social Security Transfer From Projects (ESI and PF)	309,720
Advertising and Publicity-for Aids Helpline	77,339	Honorarium expenses	1,550
Advocacy and Networking	7,114	Miscellaneous A/c	1,190
Audit Fees	52,000		
Bank Charges	2,851		
Board Meeting Expenses	14,462		
Bonus Paid to Employees	31,500		
Clinic Expenses	19,126		

Expenditure	Amount	Income	Amount
Credibility Alliance Fee	24,885		
Contingency	1,000		
Electricity & Water Charges	46,229		
Gifts & compliments	8,328		
Hospitality	6,914		
Internet Charges	37,819		
Health Insurance-Staff	32,567		
Local Travel & Vehicle Maintenance	118,133		
Medical reimbursement for Employees	13,000		
Miscellaneous	94,559		
Meeting Expenses	10,794		
Newspaper and Periodicals	17		
Rates and Taxes	2,700		
Postage & Courier Charges	25,731		
Printing and Stationery	432,738		
Rent for Premises	452,898		
Laptop Repairs	5,700		
LT Planning Visit & Training - Meals	14,733		
Salaries Paid	5,584,185		
Site Visits	109,610		
12% Social Security Transfer From Projects (ESI and PF)	313,985		
Software maintenance	8,000		
Telephone Charges	39,291		
Vehicle Insurance	17,557		
Honorarium-Camp Rainbow	19,000		
Diesel expenses	54,640		
Depreciation	149,389		
Transfer to research Local	1,157,000		
Excess of Income over expenditure	1,761,376		
Total	14,194,915	Total	14,194,915
for ASHA FOUNDATION		As per our 12A(b) Audit Report of even date for Singhvi, Dev & Unni, Chartered Accountants Firm Registration No. 003867S	
Dr. Glory Alexander Trustee		S Ranganath Partner Membership No. 201191	
Bangalore September 11, 2014		Bangalore September 11, 2014	

Asha Foundation
42, 4th Main SBM Colony, Anandnagar, Bangalore - 560024.

Receipts and Payments account for the period April 1, 2013 to March 31, 2014

(Amount in Rupees)

Receipts	Amount	Payments	Amount
Opening Balances:			
Cash on hand	42,332	Investments:	
Bank Balances	646,972	Investment in Fixed Deposit	2,950,000
		Mutual fund units	7,626,600
Investments:		Loans & Advances:	
Maturity of Fixed Deposits	2,250,000	Loans and advances (Assets)	300
Mutual Fund Units	7,338,152	Research local	1,157,000
Income on sale of Mutual Units	239,099		
Loan Recovery		Purchase of Fixed assets	
Individual Venture Support Loan	1,800	Computer- Printers & Pheripherals	45,374
Loans and Advances	300		
Inter-Branch Transfers		Inter-Branch Transfers	
Research Local	283,236	Asha FCRA	581,838
KNH PMTCT	4,114	Research Local	283,236
Asha FCRA	581,838	ASHA General Local	442,523
12% Social Security Transfer From Projects (ESI and PF)	679,406	KNH PMTCT	4,114
		12% Social Security Transfer From Projects (ESI and PF)	207,281
ASHA General Local	442,523		
Indirect Income:		Indirect Expenses:	
Bank Interest Received	152,502	Investigation Charges	168,231
Donation:	1,389,640	OI Treatment	44,491
Donation and contribution	550,000	OI Medicine for Children	41,307
Donation - Indo US MIM Tech Pvt Ltd.,	650,000	Camp Rainbow Project	43,195
Donation-Sankey Prasad	500,000	Art for children	972,305
Grant-KNH-PMTCT Project	4,187,062	Purchase of medicines	543,615
Grant From CCCYC/KNH_CAR	2,657,998	HIV Testing	197,527
Grant From Indian Council of Medical	593,892	Clinic Maintenance Cost	36,126
Overseas Womens Club Grant	253,062	Self Help Group Meeting	55,547
Serious Fun Grants	318,610	Self Art - Ashrith Life Guard	608,210
		Self Art - Mercury Agencies	40,080
Grants Charties Aid Foundation-Gaye		PLHA TB Treatment	4,154
		TB & Medical Care for Infected children	6,165
AMEX	5,600	Nutritional Supplements & Dry Ration supplied at clinic	220,589
De Shaw	1,300		
Microsoft - IDC	251,295	PMTCT Drugs purchased	141,950
Microsoft - MSIT	453,541	PCR Testing expenses	48,664
Microsoft - Research	1,840	Material purchased	21,431
Microsoft - Smsg	1,104	Delivery charges reimbursed	44,356
RBS	142,600	CAF-New Delhi	5,169
		Camp Rainbow FCRA	-
Salary For Counselors	1,250	Advance to Dr.Reena Joy	2,500
Salary for Research Support Staff's	15,000	Advance to Ms.Silva Prathibha	245
2nd Mumbai Teachers Training Workshop	2,824		
		Training for Counselors	94,360
Medical expenses	13,740	Honorarium Paid	283,154

Receipts	Amount	Payments	Amount
Seminar and Conference	9,700	1st Workshop of Child Rights & Protection	11,659
Reimbursement of Diesel Expenses	64,981	2nd Workshop of Child Rights &	16,863
Reimbursement of Investigation Charges	1,000	3rd Workshop of Child Rights & Protection	18,572
Saranaya Sathish	850	2nd Mumbai Teachers Training Workshop	49,758
Self ART - ASHA	684,516	3rd Mumbai Teachers Training Workshop	46,111
LAC Sustainability A/c	10,500	41st Teachers Training Bangalore Workshop	960
Gifts & Compliments	-	42nd Bangalore Teachers Training Workshop	16,482
Asha local - research grant	1,157,000	7th Pune Teachers Training Workshop	108,941
ESI Contribution	-	Alumni Meeting	10,794
ICMR Social Security	-	Data Management, Research Monitoring & Evaluation	15,187
Honorarium Received	1,550	TDS	-
Miscellaneous	1,190	Advance to Mr.Sahu	25,000
Maintenance of Provident Fund Account	-	Advance to Visthar	250,000
1st Workshop of Child Rights & Protection Equity - CCCYC	11,659	Advance to Mr.Biju Sebastian	36,200
2nd Workshop of Child Rights & Protection Equity -CCCYC	16,863	Advance to Saranya Satish	850
3rd Workshop of Child Rights & Protection Equity -CCCYC	18,572		
TDS	6,302	Educational Expenses:	
Salary Payable A/c	13,894	Enroll Children to Education	202,290
		Provide Facilities for Higher education	114,116
		Annual Day out	133,238
		Admin Expenses:	
		Electricity and water charges	46,229
		Bonus-staff	31,500
		Employers Provident Fund	59,977
		Professional Fees	646,424
		Professional Tax	25,900
		Provident Fund Employees Contribution	80,018
		Employee State Insurance	6,516
		Tax deducted at source remitted	166,678
		Rent for Premises	423,498
		Health Insurance - staff	32,567
		Accidental Insurance - staff	5,778
		Vehicle/Accidental Insurance	17,557
		Bank Charges	2,851
		Advertisement & Publicity - Aids helpline	77,339
		Audit Fees	52,000
		Board Meeting Expenses	4,826
		Telephone and internet Charges	65,880
		Local Travel and Vehicle Maintenance	94,003
		12% Social Security Transfer From Projects (ESI and PF)	708,268
		Newspaper and Periodicals	17
		Postage and Courier	10,595
		Printing, Photocopy & Stationery	103,591

Receipts	Amount	Payments	Amount
		Salaries paid	4,143,272
		Miscellaneous Expenses	93,891
		Employee State Insurance	12,228
		Advocacy and Networking	7,114
		Software Maintenance	8,000
		Site Visits	109,610
		Administration Expenses for Institution	48,465
		Hospitality	6,914
		Diesel Expenses	54,640
		Gifts & Compliments	8,328
		Rates & Taxes	2,700
		LT Planning Visit & Training - Meals	14,733
		Credibility Alliance Fee	24,885
		Contingency	1,000
		Dr. Anuradha Nalli Medical Reimbursement	
			1,000
		Mrs. Chitra L Kanth Medical Reimbursement	
			1,000
		Mrs. Joyce Davis Medical Reimbursement	
			10,000
		Mrs. Saranaya Sathish Medical Reimbursement	
			1,000
		Reimbursement of Investigation Charges	
			1,000
		Laptop Repair	5,700
		Transportation and Cargo Charges	5,820
		Research Advisory Board Meeting	9,636
		Sundry Creditors	384,033
		Closing Balances:	
		Cash on hand	32,726
		Bank Balance-Punjab National Bank	1,022,846
Total	26,651,211	Total	26,651,211

for ASHA FOUNDATION

As per our 12A(b) Audit Report of even date
for Singhvi, Dev & Unni,
Chartered Accountants
Firm Registration No. 003867S

Dr. Glory Alexander
Trustee

S Ranganath
Partner
Membership No. 201191

Bangalore
September 11, 2014

Bangalore
September 11, 2014

Shocking number of HIV cases detected at blood banks go without follow-up

'State has 36,000 HIV+ people in the grey zone who are unaware of the infection'

People unaware

Of these, 2.09 lakh are registered at the 49 anti-retroviral therapy (ART) centres. "Karnataka still has around 36,000 positive people in the grey zone who are unaware of the infection. It is very important to reach them to effectively control the spread of HIV," said an HIV activist.

According to HIV specialist Glory Alexander, the infection is as manageable as diabetes or hypertension now, provided the patient strictly adheres to drugs and follows a proper diet and nutrition regime.

For this, it has to be detected early and the person has to undergo proper counselling.

City-based doctors said University of Mississippi Medical Centre's claims on treating a two-and-a-half-year-old girl born with HIV offer hope to thousands of people, specially pregnant women and newborn babies in the state, who are suffering from the infection.

New hope for HIV positive babies

By Sharadha Kalyanam | ENS - BANGALORE
06th March 2013 08:25 AM

The baby, Jackson, treated at the University of Mississippi Medical Centre, was reportedly cured because the "treatment was given soon after the birth." The ART drugs used at that specific instance are widely used in India. Doctors said that the method would aid in two cases: One, when the mother is HIV positive without taking treatment and gives birth to a HIV positive baby, and two, if she is not aware that she is HIV positive, but wants early treatment and cure for her infected baby.

"If approved and standardised, the same line of treatment could come to the rescue of babies born with HIV in the state," said Manoj Tripathi, project director, Karnataka State AIDS Control Society.

According to data from the society, nearly 0.22 per cent of the pregnant women in the state are HIV positive. Tripathi said that the state has 12 lakh pregnancies every year and 3,000 of them are HIV positive. "Even when we put these pregnant women on ART from the time they are diagnosed, the baby is born with HIV in 10 per cent of the cases," he said.

Dr Glory Alexander, Action Service Hope for AIDS or ASHA Foundation which is carrying out a research on 'Prevention of Mother to Child Transmission of HIV,' said more tests need to be done on similar high-risk babies before accepting this method.

BANGALORE, SATURDAY 08.03.2014

dna OF women

The hand that rocks the cradle, rules the world. Indeed

Caring for those who need help the most

Dr Glory Alexander

Luna Dewan *reporter*

Bangalore: The situation seems bleak. Blood banks, the source of life for many, are not a clear and present danger. But for Glory Alexander, there is a different kind of danger. It is the danger of HIV, a virus that has spread silently through the state, unnoticed by the sheer number of HIV-positive children who would come for treatment. She thought HIV prevalence was negligible, an abstract concept. But when she started her work, she found a stark reality: a large number of children, mostly from the slums, were being born with HIV. The situation was dire. The foundation aims to make a difference. It is not just about providing ART, but also about providing counselling, testing, and support. It is about creating a safe space for those who need help the most.

At ASHA Foundation, we strive to improve the lives of HIV-positive people. We provide ART, counselling, and support. We also provide testing and counselling for those who are unaware of their status. We are committed to making a difference in the lives of those who need help the most.

with a recent practice of counselling to reduce the risk of HIV. The practice involves providing counselling to those who are at high risk of HIV, such as those who are injecting drug users, sex workers, and those who are using shared needles. The practice is based on the principle of harm reduction, which aims to reduce the risk of HIV and other blood-borne infections without necessarily requiring people to stop their current practices. The practice is being implemented in various parts of the state, and it is showing promising results.

The projects of ASHA Foundation are aimed at providing support to those who are living with HIV. The projects include providing ART, counselling, and support. We also provide testing and counselling for those who are unaware of their status. We are committed to making a difference in the lives of those who need help the most.

Dr Glory Alexander is a medical professional who has been working in the field of HIV/AIDS for many years. She is currently working with ASHA Foundation, where she is providing counselling and support to those who are living with HIV. She is also involved in various community-based activities aimed at reducing the risk of HIV and other blood-borne infections.

4 BANGALORE

THE NEW SUNDAY EXPRESS BANGALORE 1 DECEMBER 2013

WORLD AIDS DAY Of the 2.8 lakh people who are HIV positive in Karnataka, more than 60 per cent are not receiving treatment

Many HIV Positive People Dropping Out of ART

by Sharadha Kalyanam

Bangalore: Despite efforts by the National AIDS Control Organisation (NACO) and the Health Ministry, a large percentage of HIV positive people in Karnataka continue to drop out of the Anti Retroviral Therapy (ART).

Studies show that the attrition is particularly high among patients aged between 15 and 24 years. While admitting that drop-out rates are high, the Karnataka State AIDS Prevention Society (KSAPS) is yet to verify its data on the number of patients it has 'lost'. Reasons for attrition are plenty, including the need to migrate out of their hometowns in search of jobs and education, Dr Jairaj of KSAPS told *Express*. Of the 2.8 lakh people who are HIV positive and are registered in ART centres in Karnataka, more than 60 per cent are not receiving treatment.

In 2012-13, of 8.37 lakh people tested for HIV, 25,549 tested positive. Overall, only 74,821 are receiving ART.

Dr Jairaj said efforts were on to trace the remaining patients. The NACO and KSAPS began a HIV Sentinel Surveillance Programme in 1998 but 29,000 registered patients have died since then. Efforts are on to ascertain the cause of these deaths through verbal autopsy, Dr Jairaj added.

"Patients suffering from HIV co-infections like tuberculosis also tend to drop out. They usually have too many tablets to take and often opt out of ART," he said.

The World Health Organisation revealed in its 'Global ART Treatment Report 2013' that a similar trend existed in sub-Saharan African countries where nearly with HIV dropped out of the programme.

"While nearly half the people tested for HIV drop out before getting screened for eligibility, 32 per cent disappear between screening and initiation of ART," the report stated.

Dr Glory Alexander, director, Action Service Hope for AIDS Foundation said lack of counselling was the main reason for attrition.

"Before starting patients on ART, it is important to make them understand that they have a lifelong dependence on it," she said.

Once CD4 count falls below 350, they have to start first-line ART even if they feel healthy and have no symptoms, she added. She stressed on a peer adherence support system.

Other reasons for HIV positive patients dropping out of the treatment is the non-availability of medicines in government-run ART centres.

"When registered patients migrate, link workers are supposed to connect them to centres elsewhere. We also lose patients who register fake addresses, and names that can't be traced," Dr Glory said.

Dr V Laxmi, professor and head, Department of Microbiology, Nizam Institute of Medical Sciences, Hyderabad, said illiteracy and the resulting lack of awareness was another cause of high dropout rates.

India is also one of 30 countries worldwide with 9 out of 10 HIV infected people still not receiving ART treatment

